

**ADDITIONAL QUESTIONS FOR STATE OF MARYLAND RFP
SOLICITATION NO. DHMH OPASS – 15-13365 (REVISED)
Issued: December 16, 2014**

Question: From reading the Maryland Medicaid State Plan Amendment, it appears that there is no current Contractor performing any Medicaid audits for the State, and that the winner of this contract will in fact be the first Contractor to provide the State such services. Is this correct?

Answer: Yes, that is correct.

Question: The RFP states “*Since the last RFP, the State Plan has been amended to provide a contingency rate 5% higher than the highest rate paid to Medicare RACS for non-DME/DMS claims pursuant to Federal regulations*”. Is this the current 2014 contingency rate or the contingency rate when the new RAC contracts are awarded (which is expected by the 1st of January 2015)?

Answer: This is the current contingency rate pursuant to Federal regulations. The rate listed in your proposal will be the rate for the contract.

Question: Can the Department clarify expectations of “*necessary outreach*” to providers?

Answer: The Contractor will notify selected providers of the audit, its purpose and expectations.

Question: The RFP states “*Situations where the Provider submits a claim containing an incorrect procedural code but the mistake does not change the payment amount are NOT considered Improper Payments.*” To clarify, is this referring to incorrect diagnosis AND procedure codes?

Answer: Yes, an error exists if there is a change in payment amount.

Question: The RFP states “*Develop an Improper Payments Prevention Plan which includes Provider education and system recommendations to help Overpayments from occurring in the future.*” Since Bidders are asked to specifically exclude “*proactive education of Providers about Medicaid coverage and coding rules*” in section 1.1.1.3 (P. 7), can the Department clarify their intent in these sections?

Answer: If the Contractor finds a provider or provider types with consistent errors, education would be appropriate.

Question: Prior to the listed table, the RFP states “*At a minimum, the following number and types of Providers shall be audited.*” Please describe how the numbers of providers are referenced in this table and the intent.

Answer: The Total Audits Per Contract Period identifies the minimum number of each provider type to be audited.

Ex.: Contract Period 1 - A total of 8 provider types are to be audited for calendar years 2007 – 2008. The Contractor will audit, provide education, as necessary, and recover overpayments for not more than 150 medical records from each provider type for the period.

Question: Will the Providers selected for audit be identified by Tax ID or Medicaid Provider number?

Answer: The providers will be identified by their Medicaid Provider Number.

Question: The RFP states “*The Contractor with the Contract Monitor, shall identify the Providers to be audited within 30 days of receiving approval of the work plan.*” Are you looking for justification for the audit overall i.e. historical findings or by individual provider?

Answer: Yes, this would include the historical findings of the provider type.

Question: The RFP states “Note: The Department reserves the right to limit the period available for the Contractor to review by region, by claim type, by Provider type, or by any other reason where the Department believes it is in the best interest of the Maryland Medical Assistance Program to limit claim review.” Please describe:

- the dates this occurred
- the length of the time period for limitations
- the specific limitation directed by the State.

Answer: This is the first RAC contract, therefore there is no history. The Department believes this would be rarely implemented.

Question: Will the Department provide the current pricing for all services to be used in the audit?

Answer: Yes, the Department will provide the current pricing for all services used.

Question: Please provide the sites where the Bidders can access all detailed payment policies and associated tables for DME, DMS, Oxygen, Inpatient Hospital and Outpatient Hospital for CYs 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014.

COMAR Regulations for all provider types can be found under this site:
http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle09

Policy Transmittals for all provider types can be found at this site:
<https://mmcp.dhmdh.maryland.gov/MCOupdates/SitePages/Home.aspx>

DME/DMS, Oxygen Related Services Approved List of Items beginning January 1, 2010 can be found at this site:
<https://mmcp.dhmdh.maryland.gov/communitysupport/SitePages/approvedlist.aspx>

Question: Section 3.2.4.F.5 refers to provision of records by the Provider. Is there any fee to the Contractor or the Department for the provision of electronic medical records?

Answer: No, there is no fee.

Question: The RFP states *“If during the course of the Contractor’s review work, a Provider identifies additional claims as potential Overpayments, these claims should be referred to the Department. The Contractor will not receive a contingency fee for voluntary/self/self-reported Overpayments by the provider.”* Will the Contractor receive a contingency fee for the original claim that identified the issue?

Answer: If the Contractor identifies overpayments during the original audit, a contingency fee will be paid.

Question: Are Bidders being asked to establish TDD/TTY telephone numbers both in state AND out of state, or will one toll-free TDD/TTY and one toll-free number be acceptable?

Answer: Contractors are being asked to establish one toll-free number.

Question: It is our understanding that IP Relay has overtaken TDD/TTY as the standard technology. Would the use of IP Relay meet the requirements of the TDD/TTY toll-free number?

Answer: The RFP requires the use of TDD/TTY.

Question: Refers to the ownership of the toll-free numbers upon contract termination. Is there an existing toll-free number that can be used by the incoming Contractor?

Answer: No. There are no existing toll-free numbers.

Question: Does the Department anticipate requiring the Bidder to be physically present for appeal support, or is it expected that such support can be reasonably provided through phone, email and other common remote business communications in most situations?

Answer: For settlement conferences, telephone communication is permitted. If an Administrative Hearing is convened, the Contractor may be required to be present.

Question: What is the Department’s process for appeals and different levels of appeals?

Answer: After the findings letter is issued, the provider appeals to the Office of Administrative Hearings, an independent State Agency.

Question: Please clarify how the Department has used a RAC Claims Database in the past and its functionality from the Department’s perspective.

Answer: This is the Department's first RAC Contract, there is no historical data.

Question: Does the Department require the ability to remotely access the RAC Claims Database at will, or will database information furnished to the Department by the Bidder for review be acceptable?

Answer: The Department will like the ability to access the database information at will.

Question: To ensure compatibility with any new MMIS system developed during the contract period, will the Bidder be notified of any planned system development/upgrades/migration and the applicable compatibility requirements before implementation by the Department?

Answer: Yes, The Contractor will be notified of any planned system updates.

Question: Section 3.2.13.B.4 refers to the transition plan of the Contractor. Who would be responsible for all appeal activity for the cases reviewed, the current Contractor or the successor Contractor?

Answer: This section refers to subsequent contracts. The current Contractor would be responsible for following through on all cases that are appealed. The Department will work with the Contractor however, to determine if any of the responsibility can be removed.

Question: From the Maryland Medicaid State Plan Amendment, it appears that this is the first RAC contract for the Department, is this correct?

Answer: Yes, this is correct.

Question: The RFP states "*All invoices for services shall be signed by the Contractor and submitted to the Contract Monitor no later than end of month following the month in which service was provided.*" For clarification, is the Department requiring that the invoice be available by the end of the month following the month the actual review was performed, and that the invoice may include for payment claims that are still under appeal?

Answer: Claims that are still under appeal may not be submitted for payment. Invoices may be submitted only for claims that have been recovered.

Question: [Company] would like to include a letter from our banker with some of the supplemental information listed in this section. To whom should the letter be addressed?

Answer: Address all correspondence to the Procurement Officer, Michael Howard.

Question: In reference to filling out attachments, does contract # refer to the Bid No. or Solicitation No.?

Answer: The contract number would be the Solicitation No.

Question: To clarify, must the appropriate disclosures be provided to the Secretary of State within 30 days of invoicing, or receiving in payment, the aggregate \$100,000?

Answer: Disclosures must be provided to the Secretary of State within 30 days of receiving payment.

Question: Can the Department confirm that the selected Contractor will be subject to the Living Wage Law?

Answer: Yes, it is expected that this contract will be over \$100,000.00, which is the requirement for Living Wage requirement (see Section 1.34 of RFP).

Question:

This attachment provides the state's estimate of recovery for DME/DMS/Oxygen, Non-DME services and the state's estimate for underpayment. Please provide the last three years of data for:

- actual recovered dollars for DME/DMS/Oxygen.
- detail as to the reasons for DME/DMS/Oxygen recovery
- actual recovered dollars for Non-DME services, separated by inpatient and outpatient hospital.
- detail as to the reasons for Non-DME recovery, separated by inpatient and outpatient hospital
- actual underpaid dollars by service type.

Answer: This is the first RAC, there is no historical data.